Adoption Indemnity Benefit Survey: 1999 Report

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Abstract

A sample of thirty health insurance carriers doing business in Utah during 1999 provided adoption and maternity benefit data for this study. The sample is representative of approximately 83 percent of the accident and health insurance market regulated by the Utah Insurance Department. Sample carriers reported paying for 350 adoptions and 16,422 non-complicated deliveries (a ratio of 2 adoptions for every 100 deliveries). Frequency counts and total paid claims were used to calculate average insurance costs for adoptions and non-complicated deliveries. Results suggest that the average insurance cost of an adoption was approximately $2,495 and a non-complicated delivery was approximately $3,155.

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The opportunity to have a child is important to many families. Families generally obtain children either by birth or by adoption. When a biological child is born, families often use the services of medical professionals to assist with the birth process. These services are frequently paid for by health insurance. In other cases, families choose to adopt, often because attempts to have biological children have been unsuccessful. Adoption often requires paying for special services as well, including legal and medical costs.

In 1996, the Utah legislature created a statute to assist families pay for costs associated with the birth of an adopted child (Prenatal and Maternity Coverage for an Adopted Child, 1996). In 1998, this statute was amended to pay a fixed indemnity benefit for infants placed for adoption within 30 days of birth (Adoption Indemnity Benefit, 1998). Later amendments extended the placement time limit from 30 days to 90 days (Adoption Indemnity Benefit, 1999) and required health care providers to charge the insured the same contracted rate as the insurer (Adoption Indemnity Benefit, 2000).

The current statute is described in Utah Code Annotated (U.C.A.) section 31A-22-610.1 (Adoption Indemnity Benefit, 2000). Section 31A-22-610.1(1)(a) states “If an insured has coverage for maternity benefits on the date of an adoptive placement, the insured’s policy shall provide an adoption indemnity benefit payable to the insured, if a child is placed for adoption with the insured within 90 days of the child’s birth.” Subsection (1)(c)(i) establishes by rule that the amount of the adoption indemnity benefit is to be set at “a minimum of $2,500”. Furthermore, subsection (1)(c)(ii) requires that the Utah Insurance Department “review the amount of the adoption indemnity benefit every two years to make any necessary and reasonable adjustments, taking into account the average insurance cost of an uncomplicated birth.” The Utah

Insurance Department has defined an uncomplicated birth as a non-complicated vaginal or cesarean delivery (Braun & Green-Wright, 2000) and insurance cost as the cost of the delivery to the insurer (Serbinowski, 1999). As part of the required biannual review, the Utah Insurance Commissioner requested estimates of the number and average insurance cost of adoptions and non-complicated deliveries in Utah during 1999.

Literature Review

Adoptions in Utah.

Despite the importance of adoption for many families, adoption "remains an under researched area and a topic on which the data are incomplete" (Stolley, 1993, p. 1). Currently, there is no standard method for reporting the number of adoptions in the United States (Chandra, Abma, Maza, & Bachrach, 1999; Stolley, 1993). As a result, determining the actual number of adoptions in Utah is difficult. Several state agencies collect information, but this information is not always consistent or complete.

The Utah Division of Child and Family Services (UDCFS) is required to track the number of adoptions finalized in Utah for children in state custody. According to UDCFS, there were 383 adoptions finalized in Utah during the 1999 fiscal year (UDCFS, 2000). These estimates, however, only refer to children passing through the public welfare system.

The Utah State Court system reports that there were 1,003 adoptions finalized out of 1,562 adoptions filed in district courts during the 1999 fiscal year (Utah State Courts, 2000; see Table 1). Courts records provided the most accurate estimate of adoptions in Utah because all legal adoptions must pass through the court system.

Although the Utah court system tracks finalized adoptions, they do not track the age of the adopted child. However, national estimates from the 1980's suggest that infants are desired most by potential adoptive families, and approximately 81 percent of children placed for

Table 1

Number of Adoptions filed in Utah District Courts: 1991 through 1999

Fiscal year	N	Percent change
1991	1,240	NA
1992	1,375	10.89
1993	1,217	-11.49
1994	1,406	15.53
1995	1,449	3.06
1996	1,476	1.86
1997	1,483	.47
1998	1,580	6.54
1999	1,562[a]	-1.14
Average	1,421	3.22

Note. Adoption data for 1992 through 1998 are from Adoption filings for Utah, 1991-1998 [Electronic data file], by Court Statistics Project, 2000, Williamsburg, VA: National Center for State Courts [Producer and Distributor]. Adoption data for 1999 are from Court Record Information System (CORIS) [Electronic data file], by Utah State Courts, 2000, Salt Lake City, UT: Author [Producer and Distributor].

[a]Among the 1,562 adoptions filed, 1,003 adoptions were finalized. Finalized adoptions were not available for years earlier than 1999.

adoption are less than one year old (Stolley, 1993). It follows then that a majority of Utah adoptions are probably children less than one year old. However, these studies do not identify the number of adoptions for children placed with a family within 90 days of birth and finalized within one year (the group of adoptions effected by the adoption indemnity benefit). Also, none of the reviewed studies report costs associated with an adoption. As a result, the number and average cost of infant adoptions occurring 90 days or less after birth in Utah is not definitely known.

Non-complicated deliveries in Utah. Better estimates are available for the number and average cost of non-complicated deliveries in Utah. The Utah Health Department, using data from the Utah Hospital Discharge Database, reports that there were 30,953 non-complicated vaginal deliveries and 5,484 non-complicated cesarean deliveries in Utah hospitals during 1998. For a non-complicated vaginal delivery, the average hospital charge was $2,735 and the average length of stay was 1.69 days. For a non-complicated cesarean delivery, the average hospital charge was $5,204 and the average length of stay was 3.18 days (Office of Health Care Statistics, 1999b; Office of Health Care Statistics, 1999c). Data for 1999 was not yet available. These studies are limited in that they report only hospital billed charges and do not fully reflect what an insurer would actually pay for a delivery. However, they do provide recent information about non-complicated deliveries in Utah.

Given the limited amount of research on adoption and maternity benefits, more data was needed to meet the requirements of the mandated review. The purpose of this study was to collect data that allowed the Utah Insurance Department to determine the current utilization of adoption indemnity benefits and the average insurance cost of a non-complicated delivery in Utah during 1999.

Methodology

Sample

Thirty insurance carriers doing business in Utah during 1999 provided adoption and maternity benefit data. The data included frequency counts and total paid claims for adoptions and non-complicated deliveries. The sample was selected using broad sampling techniques to ensure sufficient coverage.

Sample selection. A population of 589 insurance carriers was selected from a computer database of insurers actively doing business in Utah. These insurance carriers included life, health, and disability insurers that had the possibility of providing accident and health insurance coverage for the individual, small group, and large group markets. Because the carriers that would have payment records could not be identified in advance, all 589 carriers were mailed a survey requesting information on the utilization and cost of adoption and maternity benefits.

Government and self-insured (ERISA) insurance carriers were excluded because these carriers are not within the regulatory authority of the Utah Insurance Department. One exception was Deseret Mutual Benefit Administrators (DMBA), a self-insured accident and health insurance carrier with a significant market share in Utah. DMBA was included because it paid an adoption benefit in 1999 and was considered to be representative of insurance costs for adoption and maternity benefits in Utah.

The Utah Insurance Department received 301 responses to the survey, a 53 percent response rate. More than 98 percent of domestic carriers responded ($n = 26$), whereas only 46 percent of foreign carriers responded ($n = 275$). Of the 301 carriers who responded to the survey, thirty carriers reported adoption and maternity benefit data that could be used for the study. These 30 accident and health insurers consisted of 16 domestic carriers and 14 foreign carriers.

Sampling frame. Market share rather than response rate was used to estimate the sampling frame. This was done because each response varied as to how representative it was of the target population and could not be weighted equally. For instance, a response from a carrier with a large market share had much more impact on the results than a carrier with a small market share. This is because carriers tended to report deliveries in proportion to their market share (i.e., larger market share, more deliveries). Statistically, the number of the deliveries was strongly correlated to market share ($r_s = .83$, $p < .01$).

Market share was estimated using direct written premiums for the Utah accident and health market during 1999 (Utah Insurance Department, 1999). The 16 domestic carriers represent more than 81 percent of the accident and health market in 1999, whereas the 14 foreign carriers represent nearly 2 percent. As a result, the sample is representative of approximately 83 percent of the accident and health insurance market effected by the adoption indemnity benefit and regulated by the Utah Insurance Department (see Table 2). This would be similar to a response rate of 83 percent from a population where each response was equivalent.

Data Collection

Data was collected from the sample using a survey and follow-up contacts (telephone calls and electronic mail). The survey asked for information about the 1999 calendar year (January 1 to December 31). Data was requested for three topics: adoption indemnity benefits, maternity benefits for non-complicated vaginal deliveries, and maternity benefits for non-complicated cesarean deliveries. Follow-up contacts were made to verify the accuracy of the data.

Adoption indemnity benefits. Carriers were asked for a frequency count and total paid claims for the adoption indemnity benefit. Although the adoption benefit is set at a minimum of

Table 2

Estimated Individual and Group Accident and Health Market Share for 1999

Market category	Direct premiums written[a]	Percent of market
Total accident and health market	$1,802,891,642	100.00
Accident and health respondents	$1,677,181,532	93.03
Respondents with data	$1,505,587,655	83.51
Domestic respondents with data	$1,469,760,683	81.52
Foreign respondents with data	$35,826,972	1.99
Respondents without data	$171,593,877	9.52
Accident and health non-respondents	$125,710,110	6.97

Note. Premium data are adapted from "1999 Utah market share report," by Utah Insurance Department, 1999, Utah State Insurance Department Annual Report, unpublished manuscript.

[a]Includes a market share estimate for Deseret Mutual Benefit Administrators.

$2,500, carriers may also pay the adoption benefit "pro rata"; that is, they may share the cost of an adoption as either the primary or secondary carrier. Thus, not every paid benefit will be a flat $2,500. Also, carriers can pay more than the minimum. As a result, the paid benefit may be more or less than $2,500 depending on the situation.

Maternity benefits. To determine the cost of delivery, maternity benefits were narrowly defined as the combined hospital and physician costs for each delivery. Newborn child and anesthesia costs were not included. Newborn child costs were excluded because these costs represent hospital care of a child after the delivery, and therefore were considered to be in addition to the cost of the actual birth. Anesthesia costs were also excluded because these costs have a high degree of variability and may not be present in every case. For example, some women do not use any anesthesia, whereas others may use forms that are costly. Thus, the definition used in the study represents what is minimally necessary for a typical delivery.

For each type of delivery (vaginal or cesarean), carriers were asked for a frequency count and total paid claims for hospital services, physician services, and hospital and physician services combined. For hospital services, each case represented one paid claim for one hospital charge. For physician services, each case represented one paid claim for one physician charge. For the hospital and physician services combined, each case represented one paid claim for one hospital charge and one paid claim for one physician charge. Separating hospital and physician costs provided a way to calculate average insurance costs for hospital services, for physician services, as well as for non-complicated deliveries (hospital and physician services combined).

Coding. Diagnosis Related Groups (DRG) codes and Current Procedural Terminology (CPT) codes were used to identify non-complicated deliveries, and to obtain frequency counts and total paid claims for hospital and physician services (American Medical Association, 1999;

Health Care Financing Administration, 2000). Although it was recognized that some carriers might not use DRG codes, DRG codes provided a more effective form of operational definition than International Classification of Diseases (ICD-9) diagnosis codes (Practice Management Information Corporation, 2000). DRG codes, by definition, filter ICD-9 diagnosis codes into complicated or non-complicated deliveries. Previous research in Utah uses this methodology as well (Office of Health Care Statistics, 1999a; Office of Health Care Statistics, 1999b; Office of Health Care Statistics, 1999c). In addition, a preliminary survey of several carriers suggested that DRG codes would be more effective as their use would reduce the reporting requirements for most carriers.

Four medical codes were used to define and obtain data from insurers regarding hospital and physician costs. For a non-complicated vaginal delivery, DRG 373 was used for hospital services and CPT 59400 was used for physician services. For a non-complicated cesarean delivery, DRG 371 was used for hospital services and CPT 59510 was used for physician services (American Medical Association, 1999; Health Care Financing Administration, 2000)

Five carriers had delivery records that were not consistently tagged with DRG codes. To approximate the DRG codes, paid claims for hospital services were linked to the two CPT codes described previously. This method is limited in that it may not represent the number of non-complicated deliveries as accurately as using the DRG codes. However, it is unlikely that using this method would capture hospital costs for complicated deliveries (which would raise the average cost). The five carriers that had this limitation consisted of less than 8 percent of the total deliveries, so any error introduced by this method should be small. Averages calculated with and without deliveries using this method differed by 1.2 percent, which suggests that the effect is negligible.

Analysis

The sample was analyzed in two ways: sample representativeness and average insurance costs. Sample representativeness was determined by estimating the number of deliveries and adoptions likely to be in the market and in the sample, and by comparing sample demographics to Utah demographics.

To estimate average insurance costs, the data were analyzed as three groups: domestic carriers (16 insurers), foreign carriers (14 insurers), and total carriers (30 insurers). Frequency counts and total paid claims were used to calculate average insurance costs for adoptions, hospital services, physicians services, and deliveries (hospital and physician combined). Separate averages were also calculated for each delivery type (vaginal and cesarean) and for total deliveries.

Results

Results of the analysis are reported below. Results are described for four areas: expected deliveries, expected adoptions, sample characteristics, and average insurance costs.

Expected Number of Non-complicated Deliveries

The Utah Insurance Department has regulatory authority over certain segments of the accident and health insurance market (employer-based self-insured and government health plans are exempt). So only accident and health insurers in the regulated portion of the market would be effected by the adoption indemnity benefit. To determine how accurately the sample represented this target population, the expected number of non-complicated deliveries in the target insurance market was estimated.

Utah Hospital Discharge data was available for deliveries from 1992 to 1998, but not for 1999 (Office of Health Statistics, 1999a; Office of Health Statistics, 1999c). So 1999 deliveries

were projected from the available data. Using the hospital data, a 6-year average growth rate of 3.5 percent was calculated (see Table 3). There were 36,437 non-complicated deliveries in Utah hospitals during 1998 (Office of Health Statistics, 1999c). Using 1998 as a baseline, a 3.5 percent growth rate results in a projected estimate of 37,712 non-complicated deliveries in Utah during 1999.

To determine how many of the estimated deliveries were likely to be to be paid for by the target market, estimates of the proportion of insurance payers in the regulated portion of the market were obtained. Hospital payer data (Office of Health Statistics, 1999b), national and state insurance coverage data (Custer & Ketsche, 1998), and employment-based plan data (Employee Benefit Research Institute [EBRI], 2000) were used as sources.

The estimate uses the following logic. Hospital data suggested that there were an estimated 37,712 non-complicated deliveries in 1999. Of those, the private insurance market in Utah covered 78 percent (Custer & Ketsche, 1998). Of those, the employer-based market in Utah covered 92 percent (Custer & Ketsche, 1998). Of those, the employer-based self-insured market (national estimate) covered 36 percent (EBRI, 2000). The private market with the employer-based self-insured market removed would then represent the target market, which amounts to 19,673 deliveries (see Table 4 for a summary).

These 19,673 deliveries represent 100 percent of the expected non-complicated deliveries in the accident and health insurance market regulated by the Utah Insurance Department. Assuming an 83 percent market share, approximately 16,329 non-complicated deliveries could be expected to be in the sample. The actual number of non-complicated deliveries reported by the sample was 16,422.

Table 3

Estimated Average Growth Rate of Deliveries in Utah Hospitals: 1992 – 1998

Year	Total deliveries[a]	Growth rate
1992	34,321	NA
1993	34,760	1.28
1994	35,756	2.87
1995	37,625	5.23
1996	39,903	6.05
1997	40,221	.80
1998	42,196	4.91
Average	37,826	3.52

Note. Delivery data are adapted from Cesarean section deliveries in Utah hospitals, 1992-1997 and Utah hospital utilization and charges profile: State summary 1998, both by Office of Health Care Statistics, 1999, Salt Lake City, UT: Utah Department of Health.

[a]Separate numbers for non-complicated deliveries were not available for all years, so total vaginal and cesarean deliveries were used. Non-complicated deliveries make up approximately 87 percent of total deliveries.

Table 4

Expected Number of Non-complicated Deliveries in the Sample during 1999

Category	Percent of deliveries	Number of deliveries
Deliveries in Utah		
Estimated deliveries during 1999	100	37,712
Private market (78% of 1999 estimate)[a]	78	29,415
Employer-based market (92% of private)[a]	72	27,062
Self-insured (36% of employer-based)[b]	26	9,742
Target market (private less self-insured)	52	19,673
Deliveries in target market		
Estimated deliveries during 1999	100	19,673
Expected deliveries in sample	83	16,329
Actual deliveries in sample	83	16,422

Note. [a]Estimate for Utah from Health insurance coverage and the uninsured: 1990-1998, by W. S. Custer and P. Ketsche, 1998, Washington, D.C.: Health Insurance Association of America. [b]Estimate for United States from "Employment-based health care benefits and self-funded employment-based plans: An overview," by Employee Benefit Research Institute, 2000, FACTS from EBRI, Washington, D.C.: Author.

Expected Number of Adoptions

Although adoptions effected by the adoption benefit were harder to estimate than non-complicated deliveries, it was possible to estimate how many adopted children were less than one year old at the time of placement. There were an estimated 1,003 adoptions (all ages) finalized in the Utah State Courts during fiscal year 1999 (Utah State Courts, 2000). Of those, 81 percent (or 812 adoptions) were likely to be children less than one year old (Stolley, 1993). Following similar logic as was used for non-complicated deliveries, there were approximately 424 adoptions (under 1 year) in the target market (see Table 5 for a summary). Assuming an 83 percent market share, approximately 352 adoptions (under 1 year) could be expected to be in the sample. The actual number of adoptions (90 days and finalized within 1 year) reported by the sample was 350.

Sample Characteristics

The carriers in the sample represent approximately 83 percent of the direct written premiums in the accident and health market during 1999. Domestic carriers represent 81 percent of the accident and health premiums, whereas foreign carriers represent 2 percent. Thirty carriers reported vaginal deliveries, 26 carriers reported cesarean deliveries, and 15 carriers reported adoptions.

Among Utah deliveries in 1997, 84.1 percent were vaginal and 15.9 percent were cesarean (Office of Health Care Statistics, 1999a). Of sample deliveries, 85.2 percent were vaginal and 14.8 percent were cesarean.

During 1999, there were an estimated 812 adoptions under one year of age and 37,712 non-complicated deliveries (a ratio of 2.15 adoptions for every 100 deliveries) in Utah. Sample carriers reported 350 adoptions and 16,422 deliveries (a ratio of 2.13 adoptions for every 100

Table 5

Expected Number of Adoptions in the Sample during 1999

Category	Percent of adoptions	Number of adoptions
Adoptions in Utah		
Estimated adoptions during 1999	100	1,003
Under 1 year (81% of 1999 estimate)[a]	81	812
Private market (78% of under 1 year)[b]	63	634
Employer-based market (92% of private)[b]	58	583
Self-insured (36% of employer-based)[c]	21	210
Target market (private less self-insured)	42	424
Adoptions in target market		
Estimated adoptions during 1999	100	424
Expected adoptions in sample	83	352
Actual adoptions in sample	83	350

Note. [a]Estimate for United States from "Statistics on adoption in the United States", 1993, The Future of Children, 3(1), 2642. [b]Estimate for Utah from Health insurance coverage and the uninsured: 1990-1998, by W. S. Custer and P. Ketsche, 1998, Washington, D.C.: Health Insurance Association of America. [c]Estimate for United States from "Employment-based health care benefits and self-funded employment-based plans: An overview," 2000, FACTS from EBRI, by Employee Benefit Research Institute, Washington, D.C.: Author.

deliveries). Domestic carriers reported 349 adoptions and 15,947 deliveries. Foreign carriers reported 1 adoption and 475 deliveries. Some foreign carriers were unable to track adoptions through their record systems. It is not clear whether the lower number of adoptions are due to reporting limitations or actually paying for fewer adoptions. If foreign carriers reported adoptions at the same rate as domestic carriers (2.19 adoptions for every 100 deliveries), they would report approximately 9 more adoptions.

Average Insurance Costs

Frequency counts and total paid claims were used to calculate average insurance costs for adoptions and non-complicated deliveries. Results for adoptions and deliveries, organized by delivery type and carrier group, are reported below. Table 6 reports averages for hospital and physician costs, as well as delivery costs (see Table 6).

Adoptions. For domestic carriers, the average adoption cost was $2,495 (n = 349). For foreign carriers, the average adoption cost was $2,500 (n = 1). For total carriers, the average adoption cost was $2,495 (n = 350).

Vaginal deliveries. For domestic carriers, the average delivery cost was $2,903 (n = 13,618). For foreign carriers, the average delivery cost was $3,501 (n = 371). For total carriers, the average delivery cost was $2,919 (n = 13,989).

Cesarean deliveries. For domestic carriers, the average delivery cost was $4,479 (n = 2,329). For foreign carriers, the average delivery cost was $5,360 (n = 104). For total carriers, the average delivery cost was $4,516 (n = 2,433).

Total deliveries. For domestic carriers, the average delivery cost was $3,133 (n = 15,947). For foreign carriers, the average delivery cost was $3,908 (n = 475). For total carriers, the average delivery cost was $3,155 (n = 16,422).

Table 6

Average Insurance Cost of Non-complicated Deliveries in Utah during 1999

Claim	Domestic	n	Foreign	n	Total	n
			Vaginal			
Hospital	$1,659	15,570	$2,152	377	$1,671	15,947
Physician	$1,212	17,522	$1,344	397	$1,215	17,919
Delivery	$2,903	13,618	$3,501	371	$2,919	13,989
			Cesarean			
Hospital	$3,076	2,812	$3,632	106	$3,096	2,918
Physician	$1,360	2,982	$1,679	110	$1,371	3,092
Delivery	$4,479	2,329	$5,360	104	$4,516	2,433
			Total			
Hospital	$1,876	18,382	$2,477	483	$1,891	18,865
Physician	$1,234	20,504	$1,416	507	$1,238	21,011
Delivery	$3,133	15,947	$3,908	475	$3,155	16,422

Note. Hospital and Physician counts are higher than Delivery counts because an insurer may pay for only a hospital claim or a physician claim in some cases. Delivery counts describe cases where both a hospital claim and a physician claim were paid for.

Discussion

This study attempts to estimate the utilization of the adoption indemnity benefit and the average insurance cost of a non-complicated delivery in Utah during 1999. Based on court and hospital data, there were an estimated 812 adoptions (under 1 year) and 37,712 non-complicated deliveries in Utah. Using hospital payer and insurance coverage data, it was estimated that the accident and health market effected by the adoption indemnity benefit was expected to contain 424 adoptions (under 1 year) and 19,673 non-complicated deliveries. In addition, the sample was expected to report 352 adoptions (under 1 year) and 16,329 non-complicated deliveries.

Sample carriers actually reported paying for 350 adoptions (90 days and finalized within 1 year) and 16,422 non-complicated deliveries in 1999. All of the data from the Utah, regulated market, and sample results suggest that the ratio of adoptions to non-complicated deliveries is approximately 2 adoptions for every 100 deliveries. Results from this study suggest that the average cost of a non-complicated delivery (as defined by hospital and physician costs) to Utah insurance carriers during 1999 was approximately $3,155.

Because this study is the first of its kind, caution should be used in interpreting the results. The study defines a non-complicated delivery very narrowly and uses only the minimum criteria for a delivery. The study also assumes that at least 83 percent of the population of interest has been sampled, and that the individual data reports are reasonably accurate. It is possible that carriers that were not included in the sample or errors in reporting could effect the current estimates. Despite these limitations, the study provides a reasonable estimate of the average insurance cost of non-complicated deliveries in Utah for the market effected by the adoption indemnity benefit.

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